

REQUEST FOR SERVICE

FedSource – Denver

Box 25305, Bldg. 41, RM 137
Denver Federal Center
Denver, CO 80225
(303)236-1942 (303)236-0016 FAX

Labor Moving

Task Order Number: _____

Section I - Service Requested - (information to be filled out by requesting agency)

Agency Name _____

Interagency Number (IA #) _____ (this number can be found on our web site at www.rmrc.casu.gov - click on the Customers link)

Requestor Name _____ Requestor Phone Number _____

Requestor Address: _____

Requestor Fax Number _____ Requestor Email Address _____

Dates Required From: _____ To: _____ Report Time: _____ a.m. - _____ p.m.

Report to Location: Street Address _____

Bldg. # _____ Entrance # _____ Floor _____ Room # _____ Directions: _____

_____ #of Movers _____ #of Trucks – (1 truck comes with a driver which is considered one mover) _____ # of Hours Needed

Description of job to be performed (list any equipment that will be needed): _____

Approving Official Signature: _____ Date _____

Section II - Cost Estimate – (to be completed by FedSource – Denver)

A funding document is now required from your agency to fund services through FedSource - Denver

Listed below is a cost estimate. Please supply our office with a funding document or if your office does not issue funding documents please have a budget official sign this form for funds.

Estimated hours for movers _____ times hourly rate \$ _____ plus FedSource Fee \$2.75 per hour Total \$ _____

Estimated hours for truck & 1 mover _____ times hourly rate \$ _____ plus

FedSource fee \$2.75 per hour Total \$ _____

Total of this estimate \$ _____

Task order number that has been assigned to this order _____ Vendor Chosen _____

Agency acceptance form is attached. Complete once the job has been completed.

Section III - Funding Authority – (to be completed by requesting agency)

Funding Document Number _____ (Please attach a copy of document)

OR

Funding Authority Signature _____ Date _____

Please print the funding authority name here _____ Phone Number _____

Section IV - Billing Information – (to be completed by requesting agency)

Place a checkmark next to the preferred method of billing and fill in the appropriate information per your agency

____ IPAC Billing: Agency Locator Code _____

Account Number (If using this request form as funding document) _____

____ Credit Card: Credit Card Number _____ Exp. Date ____/____/____

Cardholder name _____ Cardholder Phone # _____

Cardholder fax # _____ Cardholder email _____

Cardholder signature _____

Provide the following information as to how and where billing documents should be sent:

Name: _____ Phone # _____ Fax # _____

Address: _____

Email Address: _____

Preferred method of receiving billing information:

____ by e-mail: ____ by fax: ____ by mail:

Agency Acceptance of Work Completed

RMRC task order number _____

Agency Signature of Acceptance: _____ Date: _____

Actual # of Movers: _____ Actual # of Vehicles: _____ Actual Arrival Time: _____ Actual Departure Time: _____

Lunch Taken: _____Y _____N How Long _____